

# THE RHODE ISLAND MEDICAL JOURNAL



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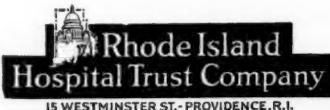
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# THE RHODE ISLAND MEDICAL JOURNAL

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## ORIGINAL ARTICLES

### A STUDY OF ASTHMA.\*

By DR. JAY PERKINS,  
Providence, R. I.

When I was a boy, mother used to give as causes of various ills that occurred to her children the things we did which she did not want us to do and we, in turn, accredited them to things which we had to do against our desires. In giving the causes of asthma has not something of the same system been followed? The physician has had some idea come to him as the cause and tried to make the cases conform to this idea. In this study of the condition called asthma the intention is to present some facts rather than to draw conclusions. The symptom complex frequently mentioned as cardiac or renal asthma are not considered in this paper, as they are more properly classified as dyspnea associated with these diseases than as functional disturbances. In the first place a differentiation must be made between the fundamental conditions leading to asthma and the excitants of the attacks. Of the latter there are many. The patients themselves say that attacks are caused by "taking cold," hay fever, eating certain foods, changes in the weather, exposure and various other causes. Physicians, being a little more exact, say that asthma is caused by proteids such as certain foods, pollens, horse dandruff, emanations from cats, dogs, feathers, et cetera. Also excitement, overexertion, climatic changes, exposure and psychoses may bring on attacks.

A more scientific research has shown that these usually act through the vegetative nervous system. The vegetative nervous system acts without our will and is beyond our voluntary control and is subdivided into the sympathetic and parasympathetic. These subdivisions act in opposition to each other or each is supposed to control overactivity of the other. Normally this control is maintained and the functions of the body are maintained properly but sometimes the proper balance is not maintained and disturbances result. One of

these disturbances is called asthma. Hay fever, vaso motor rhinitis, urticaria, eczema, angioneurotic oedema, tachycardia, a susceptibility to bronchitis and various abnormal phenomena especially of the nervous system as insomnia, dreaming, eructations of gas, et cetera, at times have the same origin.

In the practice of medicine the physician is very familiar with the fallacy of making a part equal to the whole. As illustration, we have special systems of medicine and even more marked is the setting up, by legislation even, of such small sections as osteopathy, Christian Science, et cetera, as each being equal to the whole system of medicine.

In most of the writings on asthma there is this same tendency to make a part equal to the whole and ascribe one or more of these excitants as the cause or causes of asthma. Especially is this true in reference to the proteins. The work done in investigating protein sensitization and in treating asthma by withdrawing certain proteins or by immunization against them has been most interesting and valuable and has apparently so fascinated some of its advocates that they have failed to look below the surface. That attacks are brought on by certain proteins has been more than abundantly demonstrated and great relief is obtained in many instances by treating the cases accordingly.

Sometimes, however, a patient is sensitive to many proteins, as indicated by the skin tests, at times when none of these is acting, and frequently attacks of asthma come and go while the use of the proteins to which they are sensitive continues regularly.

Also a patient may be sensitive to several or many proteins and yet the attacks follow other excitants, as changes in the weather, overexertion or excitement. A study of a disease showing such a multiplicity of excitants certainly leads to the conclusion that there is some basal condition back of these excitants which is the cause of the susceptibility to these various things.

About six years ago this study was begun, using the thyroid gland as a possible causative origin of the disease. No tests for thyroid activity were then available except the clinical history and use of

the thyroid extract. Some excellent results were obtained but all cases were not reached. Enough was learned, however, to add dysfunctioning of the thyroid to the list of excitants. Cases of hypothyroidism were comparatively easily handled, though there was no test excepting the clinical by which to gauge the dosage and there was a tendency to leave off the treatment when the attacks cased. Hyperthyroidism as indicated by susceptibility to small doses of thyroid extract was harder to handle but was found to respond fairly well to treatment directed to the nerve instability always found in these cases.

We now have a test, basal metabolism, which is of value in testing thyroid activity and for the past year I have been using this with all patients having asthma or the nerve symptoms which are associated with asthma even though no asthma was present.

Last June in a paper before the American Climatological and Clinical Association on "Thyroid Dysfunctioning with Special Reference to Asthma," I showed that frequently these cases of nerve instability alone or associated with cardiac or pulmonary disturbances have an increased basal metabolism and this is especially true of asthma. When treated upon this basis these cases can be cured if the disease is not of too long standing and the treatment is not too soon given up.

The endocrine glands are interdependent and one of them cannot markedly dysfunction without others being forced out of normal functioning also and if marked functional disturbances exist long enough organic changes result which are not rectified by removing the cause. Some injury is left behind depending upon the duration and severity of the cause. In children, or older persons if the cause has not brought about secondary irreparable changes, when the original cause is overcome nature will readjust the other functions so that we may have all the functions running normally. The functions of the endocrine glands are very variable in the intensity of their action and the causes of this variability are but little known. We simply know some of the manifestations. But little is known, and that empirically, as to what stimulates or depresses their functioning. In treating their dysfunctioning there are three methods; first, to find and remove the cause or causes of dysfunctioning, second, to treat the glands directly, taking

the thyroid as an example, to supply thyroid extract in case of hypothyroidism or to remove the gland or treat it with X-ray if we have hyperthyroidism, and, third, to treat the effects of the abnormal action.

Nature is sufficiently indulgent during the repair period of life to renew normal functioning in these cases if given half a chance. Some cases of asthma, as we all know, recover spontaneously. What corrected the dysfunctioning a careful study of these cases if conducted at the time could probably show, but such study is impossible and our only knowledge from them is that asthma is not incurable. Removing or producing an immunity to the exciting causes may be all that is necessary. Lessening or overcoming the effects may help in recovery by lessening nature's work in restoring normal equilibrium. This is shown by cures following removal from exciting surroundings, in cases where mental or physical excitement is an exciting cause of attacks, change to an equable climate when climatic changes excite attacks, removal from or vaccination against protein excitants when the particular ones at fault can be determined. All cases are not thus simple, however, and cure by this means is very frequently impossible, though these are the usual measures adopted when an effort is made to cure. The most brilliant results are obtained when we can find the thyroid as the responsible organ and by giving thyroid extract or so treating the gland as to diminish its activity overcome the trouble at its central point. The number of cases in which this can be accomplished, however, is not large so far as we can tell with a certainty. It is apparent that the endocrine glands are variable in their activity, interdependent and to some extent interchangeable and we have no exact measure of the activity of any of them. Basal metabolism is to some degree a measure of the activity of the thyroid but this frequently materially varies in the same individual on different days and there is no way of telling whether this variability is due to changes in the gland or to some other causes. While in many cases basal metabolism is of great value and a positively deciding element when confirmatory of clinical data, for the present at least we can in general give it no higher deciding value than in other cases we give to the X-ray or blood pressure readings. And where the functioning is so variable I do not consider our knowledge of ultimate

results sufficiently definite to make safe any measures which may destroy the power of the thyroid gland to act because at present the gland apparently functions normally part of the time and if any of it were destroyed then would it not be below par part of the time and put us in the position of "robbing Peter to pay Paul"? Whether the X-ray has this effect is not yet positively determined, but the claim is made by some that it does. In these cases of unstable activity, therefore, it may be that the best method for handling them is to remove so far as possible the exciting causes and at the same time increase the resisting power of the patient by at the same time treating the activity of the glands by diminishing the stimulation of the glands through the vegetative nervous system. This is a longer process than the preceding, but if persevered in can effect a cure in a great many cases and especially in children.

That which is true of the thyroid is unquestionably true of the other endocrine glands so far as disturbing the stability of the vegetative nervous system is concerned. Unfortunately, ability to place the responsibility upon the proper gland is often lacking and until we have more accurate knowledge of the individual endocrine glands we must consider that instability of the nervous system such as produces asthma may be caused by any of the glands. As illustrations:

Case 5082, female, age 17, school, first seen by me December 10, 1920. Asthma 4 or 5 years, growing worse and attacks more often. Sensitive to milk, ham sandwiches, eggs, chocolates and onions. Also sensitive to smoke of tobacco or anything frying. Has cold hands and feet. Eczema on face and neck with attacks. Palpitation, but only with attacks of asthma. Menses began at 12 years, irregular, every 2 or 3 months and scant. Underdeveloped. Two tests of basal metabolism taken while she was feeling poorly gave plus 25% and plus 30%. Thyroid palpable and hard. Seven months later she was practically free from attacks and was eating chocolate, ham and eggs. She said she had not dared to try milk because that had produced such severe attacks.

Case 5055, female, age 20, speeder tender, first seen November 20, 1920, paternal grandfather had asthma, patient had eczema when a baby, rarely now, has had asthma for one year, had influenza 3 or 4 months before first attack, has to be up with asthmatic attacks from 2 to 4 or 5 A. M.

about three nights a week; has hay fever. Asthma follows exposure to dust, steam, excitement, over-exertion and rainstorms. Examination; pulse 100, temperature 99.6, B. P. 125/85, wheezing rales over both lungs, no emphysema, expansion poor. Both lobes of thyroid enlarged, right lobe the larger. Under medical treatment she improved but attacks still continued. February 6, 1921, pulse was 88, temperature 98.9 and basal metabolism was plus 28%. She was then given X-ray treatments by Dr. Frank E. Peckham. She has steadily improved since. July 29 basal metabolism was plus 17%, pulse 90, temperature 98.6. October 10th she stated that since July she had three attacks of asthma, only one of which was of any severity and that followed excitement occasioned by her mother being suddenly taken ill. With this attack she had an "eruption" on the face lasting two weeks, no medicine for some weeks. November 5th some asthma one night since last visit. Face cleared. Examination of lungs negative, pulse 94, temperature 98.6. No hay fever this year. She is not yet completely well but reluctance to push the X-ray treatment is responsible for letting assisted nature have a further chance to complete the cure.

The best results are obtained with children.

Case 4754, female, age 6 years. There is a very marked family history; on mother's side of family great-great-grandfather had bronchitis for 40 years, great-grandmother was extremely neurotic, grandmother extremely nervous, neuralgic headaches all her life, had hypertrophy of the heart, had bronchial cough easily, constantly before her death, aged 60 years. Her grandfather had nervous breakdown when 31 years old; still living. One uncle and two aunts have had neuritis. Two aunts have bronchial colds frequently. One wheezes in damp weather. One uncle and one aunt have excruciating headaches. Another aunt is extremely nervous and was thought to have chorea coming on at 16, so that she had to give up college and at about the same time was thought to have tuberculosis, is living, and has frequent attacks of laryngitis, but no bronchial trouble. Another aunt stopped menstruating at 27. Her mother is of a very nervous temperament and has a basal metabolism of plus 30%. Her father has hay fever badly and has been taking the vaccine treatment for it for several years. There are a number of cases of asthma, hay fever and other

nerve disturbances in father's family. The patient had eczema badly when one year old for several months, and at times a little since then. She sobs and cries in dreams, wakening filled with terror. She has always had wheezing in damp weather, and frequent attacks of asthma and gets bronchopneumonia with severe attacks. She came under my care for regular treatment in April, 1920. During the spring under treatment she improved very much. In the latter part of the summer she was in Pennsylvania. I saw her again October 13th. She had then had some wheezing since the middle of August. She then had an attack of sneezing, running from the nose, also acetone in the urine, with vomiting. She had at this time wheezing rales in the chest, was crying and sobbing easily. She had broncho-pneumonia in November. She recovered from this, and on December 17th again began sneezing, temperature 100 and rales over the whole chest. This promptly cleared up and for some reason the treatment was stopped and in two weeks she again began sneezing in the night, had some eczema, and would become excited and hysterical on playing with other children. She was again put onto full treatment, and for the most part has remained in good condition now for 11 months and for 8 months has had no wheezing, and has been perfectly well with one exception and that was a slight attack on returning to the city in September. Her mother states that this is the first year that she has not wheezed whenever there were three damp days in succession.

All cases do not come under our present knowledge of the endocrine glands. Whether this is because of our incomplete knowledge of those glands or because they do not belong in this category remains to be demonstrated. Among the cases not positively classified are those apparently due to the psychoses. I have seen three marked cases who have had typical asthmatic attacks for many years who also have attacks of extreme severity when examination of the lungs is negative.

Case 5224, female, age 54, married. All of father's family had hay fever, bronchitis or asthma. Patient had croup until 12 years of age. As a child cried easily and was very bashful. Menses began at 15, scanty and irregular, stopped at 34. Polypi removed from nose at 28 years. Began to have asthma at 30 years. Nose again

operated on at 39 years. Has had no taste or smell since. About 8 years ago she began to expectorate casts of the bronchial tubes. Rarely any at present. First seen by me November 8, 1920. Had rarely been free from asthma for 10 years. Beginning 5 years ago and continuing for two years she was given vaccine treatment. At first stock vaccines were used and then she went to a physician in Boston who made a vaccine, but none of them did her any good. She gives a history of various vaso-motor disturbances. Sometimes after coughing hard and the day before I saw her, after passing urine, she has had spells of stiffness and pounding in the small of the back. At these times the heart pounds badly. She states that milk always made her cough. No history could be obtained of any more definite protein reaction. Examination; bronchial rales over whole lung area with prolonged expiration, some dullness, diminished breath sounds at right base, temperature normal, pulse 76, blood pressure systolic varied from 155 to 170, diastolic 100, urine negative. She was tested with thyroid extract, varium and pituitrin. No relief was obtained and apparently they affected her unfavorably. I say apparently for reasons which will appear later. Under treatment directed to control of the sympathetic nervous system she improved to a certain extent but not satisfactorily. In January an effort was made to test her basal metabolism but she could not stand the restraint of the mouthpiece, even without the attachment being made to the apparatus. Treatment directed to the sympathetic nervous system and also small doses of iodine and calcium were continued until in March she was much improved and her husband stated that for the first time in years he did not hear her wheezing and moaning in the night while she was asleep. On March 4th her basal metabolism was obtained with perfect ease and was plus 6%. At times her heart was rapid and rather weak and she was given on one of these occasions a tablet containing tincture of digitalis M. III. and tincture of strophanthin M. II. This was followed by spasmodic contractions of the abdominal muscles, her color became brownish and she was very much distressed. This was stopped, but on the next visit she was told what the tablet contained and that it could not possibly harm her. She was then able to take it without any difficulty. About 13 years ago while she was visiting a friend she looked through a

closed window across the street through another closed window and saw dust being raised by sweeping. Her hand immediately grasped her nose, she sneezed and had all the sensations of inhaling dust. During the spring her asthma all disappeared, she was sleeping and eating well and taking quite long automobile rides, until one day they took another person who is always irritating to her, and following this ride the attacks came back badly and lasted all summer. She recovered again from the attacks and was in good condition until about two weeks ago, when, following an irritating incident, the attacks returned. Sometimes with marked difficulty of breathing, the air is found entering and leaving the lungs perfectly freely and no rales are present in the chest.

Here is a case in which the history would indicate a possible endocrine origin but in which apparently the original abnormality has been corrected and now the controlling factor is a psychic element.

No important function of the body can go wrong for a number of years without other functions also being affected and if the disturbance exists long enough, even though the original cause is removed, the other functions which have been made abnormal will to some extent at least so continue. In many of the cases of asthma which have existed for many years the original cause has probably disappeared as all of the glands atrophy with increasing age, yet the person is not well and never will be absolutely normal because of the abnormal habits already formed by various functioning organs of the body.

This study does not offer any cure-all for asthma, much as this is desired, but it does show that there is some underlying cause of asthma and the associated conditions, which is the reason why the proteins, overexertion, excitement, et cetera, produce these phenomena and that in many cases treating asthma on the basis that the endocrine glands furnish the cause we get excellent results.

#### DISCUSSION.

Dr. A. H. Ruggles, in discussing Dr. Perkins' paper: "We all know something about asthma. Dr. Perkins has gone into the causes and has also suggested the need of a more fundamental knowledge of the causes of asthma. I believe further investigation along the line of vegetative nervous system would be extremely valuable. A good many of our ills may be laid to this cause and I think many of us find the difficulty in our treatment of the vegetative nervous system. It has not been easy to treat the nervous system. The same is true of the endocrine system. With the exception of the thyroid, the other glands are

pretty indefinite in their influence on the body functions.

"We have agreed that certain individuals are subject to certain distressing symptoms and are troubled by these conditions. There must be something back of the actual irritation; some part of our organism that is disturbed and of this we have a great deal of evidence.

"Kirschmann has pointed out the relationship between the endocrine glands and asthma in a certain number of cases, but Dr. Perkins has pointed out several methods of approach.....

"It may help us in our understanding of the cases and so help us in our treatment and control of asthma to point out the more fundamental difficulty and that fundamental difficulty may well be the endocrine glands."

#### PRURITUS.

ROY BLOSSER, M. D.,

PROVIDENCE, R. I.

Pruritus is a symptom which occurs in many different skin diseases, but it also occurs independently of skin lesions. In some cases it is a symptom of an internal disease; in others we are not able to find any definite cause for it. It is with the two latter types of cases that this paper is concerned.

#### NEURODERMATOSES.

Brocq and other French dermatologists first called our attention to the fact that certain skin affections begin as pruritus, and the changes in the skin which occur later result entirely from the irritation and trauma due to continued rubbing and scratching. This condition has been given the name neurodermitis.<sup>1</sup> After the pruritus has existed for a variable length of time the skin becomes rough and thickened with well defined, cross lines or grooves (lichenification).

In the circumscribed form of neurodermitis the involved areas are rather sharply defined. It is most apt to occur on the back or sides of the neck, axillae, ante-cubital and popliteal spaces; on the palms of the hands and soles of the feet thick, horny patches of skin are sometimes formed and there may be deep, painful fissures.

In the diffuse type of the disease large areas are involved and the changes in the skin are more wide spread and less intense. The areas of predilection are the arms, legs, abdomen and sides of the chest. Sometimes almost the whole body is affected.

#### GENERALIZED PRURITUS.

A comparatively mild form of pruritus, more or less generalized, occurs in old people and is termed senile pruritus. Another form occurs only during the winter—pruritus hiemalis or winter

itch—and is usually most severe on the lower extremities. These types of the disease seldom produce marked secondary changes in the skin.

Pruritus of varying extent and severity occurs in a number of organic and constitutional diseases such as Hodgkin's disease, leucæmia, diabetes, nephritis, rheumatism, diseases of the liver and jaundice, and organic and functional diseases of the nervous system. In some cases the pruritus exists some time before the etiologic disease can be diagnosed. The writer recently saw a case of Hodgkin's disease in which the pruritus in a severe form had preceded by several months the enlargement of the lymphatic glands.

#### FACIAL PRURITUS.

Pruritus of the face may occur as a part of a generalized pruritus but in some cases the face alone is involved. It may begin in the eye-brows or at the sides of the nose and later extend to the forehead and cheeks. In a case seen recently it was especially severe in the eyelids and eye-brows and most of the hair of the eyebrows had been destroyed by scratching.

#### PRURITUS OF THE GENITAL REGION.

Anal and vulval pruritus, when severe, are apt to seriously affect the general health of the patient. They may occur in any of the constitutional diseases which produce generalized pruritus and they may also result from certain local affections. Pruritus ani may be due to any cause which produces irritation and congestion of the rectum such as constipation, especially an incomplete emptying of the sigmoid flexure and rectum, colitis, proctitis, fissures and other diseases of the rectum. Pruritus vulvae may be produced by irritating discharges from the vagina.

In both pruritus ani and vulvae, if long continued, the skin becomes sodden and fissured and in some cases a secondary eczema occurs.

#### TREATMENT.

In undertaking the treatment of pruritus the patient should be given a thorough examination to discover if possible the underlying cause. In the large majority of cases, however, we fail to find any definite disease further than that the patient is vaguely nervous or neurasthenic and we endeavor to build up his general health by proper diet and exercise.

In extensive pruritus of the body the underclothing should be of cotton or silk. Wool should not be worn next the body. Too frequent bathing, especially hot baths, are apt to be harmful. A tepid or cool sponge bath every day or every other day will do no harm. A soft towel should be used for drying and unnecessary friction avoided.

In generalized pruritus soothing lotions such as

the calamine and zinc lotion or liquor carbonis detergens are often useful. One percent phenol and one-quarter of one per cent menthol may be added to these. In the localized forms of pruritus stronger applications may be used, the strength depending on the amount of thickening of the skin. Ointments containing from five to ten per cent of salicylic acid or from ten to fifty percent of coal tar are best, but they should not be used in the axilla or around the anus or vulva.

When the above measures fail we have a positive means of relief for all forms of pruritus, and one which is more permanent, in the use of the X-ray. This agent is not to be used by anyone unfamiliar with the method of measuring and controlling the exact dosage required. It is also incompatible with all irritating local applications<sup>2</sup> and if such have been used at least two weeks time should elapse before beginning radiation.

The technique of X-ray dosage which has been developed by MacKee, Remer and Witherbee enables us to give a definitely measured dose and to dispense with the troublesome and unsatisfactory pastilles. This technique is now being employed by dermatologists in many thousands of cases of skin disease. Ordinarily, we give fractional doses—one-fourth of a unit—once a week. A unit is the amount of radiation which, in a person of sensitive skin, might produce a slight, transient erythema. Where the skin is greatly thickened we employ somewhat larger doses.

<sup>1</sup>For a complete presentation of this subject see the following: Wise, Fred.: The Neurodermatoses and Pseudo-Lichens. *Jour. of Cutaneous Diseases*, 37:9 (Sep.) 1919.

<sup>2</sup>MacKee, George M., and Andrews, George C.: Injurious Combined Effect of Roentgen Rays or Radium and Topical Remedies. *Jour. A. M. A.* 77:19 (Nov. 5) 1921.

#### IN MEMORIAM.

WILLIAM JAMES BURGE, M. D.

April 12, 1831—May 28, 1921.

Member of the Providence Medical Association from 1875. A graduate of the College of Physicians and Surgeons, New York, 1853, and in practice from then until the time of his death. Dr. Burge lived to a greater age than any other member of the Providence Medical Association with the exception of Dr. Francis L. Wheaton, who died in 1895, at the age of ninety-one, but he had withdrawn from active membership in the Association many years before because of the infirmities of old age, while it will be remembered that Dr. Burge continued as a quite regular attendant at our meetings to the last month of his life. Preserved in a remarkable way to a serene and buoyant old age, he literally "fell on sleep," for retiring apparently in his usual health on May 27,

1921, he was found dead in his bed the next morning.

He was born in Wickford, Rhode Island, on April 12, 1831, the son of Rev. Lemuel and Elizabeth Frances (Shaw) Burge, and Dr. Burge used to say that his mother told him that at his birth he weighed less than three and a half pounds and was so puny and lifeless that the nurse set him aside, exclaiming, "Poor little thing! 'Tis useless to do anything for him!" Yet he attained a vigorous manhood and lived to be ninety years old. His father was the rector of St. Paul's Episcopal Church in Wickford—the next to the oldest Episcopal Church in Rhode Island, founded in 1707. His father's father was James Birge, a farmer of Litchfield, Connecticut, a Revolutionary soldier. The older name of the family, which was of English descent, was Burge, and that form of the name was assumed by his son. His mother's father was Dr. William Gorham Shaw of Wickford, an Original Fellow of the Rhode Island Medical Society, who died in 1864, at the age of ninety-six. Through his mother's mother, Dr. Burge could trace his ancestry to the Brentons and to Roger Williams.

Dr. Burge's preliminary education was in Washington Academy, Wickford, and the Wesleyan Academy of the Providence Conference at East Greenwich. Before and for a while after attending the latter school he worked as an apprentice in the apothecary store of Edward T. Clark at 59 North Main Street, Providence, where William B. Blanding, then hardly twenty, was the clerk, and a few years later took over the business that has been conducted so successfully ever since by himself, his son, the late William O. Blanding, and grandson. (Mr. Edward T. Clark, by the way, was father of the late Dr. Franklin C. Clark of Providence, a member of this Association.) But having determined to become a physician rather than an apothecary, and after two years' further study under the tuition of Rev. Silas A. Crane of East Greenwich, he entered the College of Physicians and Surgeons in New York City, and in 1853 received the degree of Doctor of Medicine from that institution, which was then located on Crosby Street. (In January, 1856, the new building on Twenty-third Street was opened and in 1860 the College of Physicians and Surgeons became the Medical Department of Columbia University.)

Continuing in New York after graduation, he was for a time connected with the Surgical Department of the Central Dispensary on Centre Street, and was also Outdoor Surgeon of the New York Lying-In Asylum. In 1854 he settled in practice in Salisbury, Litchfield County, Connecticut, but in 1856 removed to Brooklyn, New York, where for three years he was associated

with his brother, J. H. Hobart Burge, M. D., University of New York, 1848. This was really a period of post-graduate study, for his brother was an expert surgeon, of whom it is said that he anticipated Dr. Gurdon Buck in the discovery and use of the plan of treating fractures of the femur by what is known as "Buck's Extension," or traction by weight and pulley. Our Dr. Burge then located in Taunton, Massachusetts, where he remained until, in January, 1863, he enlisted in the Navy, and receiving the appointment of Acting Assistant Surgeon, served as such until January 14, 1866. He was the medical officer on the *Ino*, *Albatross*, *Flag* and *Florida*, on blockade duty, and on the Mississippi. The flagship *Hartford* and the *Albatross* were the only vessels of the fleet that got past the batteries at Port Hudson in Farragut's expedition to the aid of General Grant in the siege of Vicksburg. Dr. Burge had the naval medal given to participants in distinguished services by the navy.

Upon his discharge from the navy, finding other physicians had taken his place in Taunton, he went to Atchison, Kansas, where he practiced until 1873, when he came to Pawtuxet, and, later removing his office to Edgewood, was actively engaged in general practice until 1916, and occasionally attended patients after that until the last days of his life. So that in all he was a physician for sixty-eight years.

In the early eighties Dr. Burge was for a number of years seriously ill with what was considered to be cancer of the stomach, and little hope was had for his recovery; yet he outlived all his attending physicians, the last of whom was Dr. William J. McCaw, who made use of lavage of the stomach, and to this in large part Dr. Burge felt that he owed his recovery.

Dr. Burge took an active interest in the welfare of the community in which he lived. When Trinity Chapel, now Trinity Episcopal Church, at Pawtuxet, was organized (largely through the efforts of his sister) he became Senior Warden, a post which he held until his death. He was also one of the founders of the Edgewood Free Public Library and chairman of its Library Committee.

Dr. Burge was a member of the American Medical Association, and served as a delegate from the Rhode Island Medical Society on three of the annual meetings of the National Society. He was elected a Fellow of the Rhode Island Medical Society in June, 1874, and became a member of the Providence Medical Association in 1875, and seldom was absent from their meetings. As a comrade of the Grand Army of the Republic he was connected with Slocum Post, No. 10, in the Department of Rhode Island, and was Sur-

[Continued on Page 206]

# THE RHODE ISLAND MEDICAL JOURNAL

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## RHODE ISLAND MEDICAL SOCIETY

Meets the first Thursday in September, December, March and June

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#### DISTRICT SOCIETIES

KENT

Meets the second Thursday in each month

Meets the second Thursday in each month

## NEWPORT

Meets the third Thursday in each month

Meets the third Thursday in each month.

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**Section on Medicine**—4th Tuesday in each month, Dr. Charles A. McDonald, Chairman; Dr. C. W. Skelton, Secretary and Treasurer.  
**R. I. Ophthalmological and Otological Society**—2d Thursday—October, December, February, April and Annual at call of President Dr. C. J. Astle, President; Dr. J. L. Dowling, Secretary-Treasurer.  
**The R. I. Medico-Legal Society**—4th Thursday—January, April, July and October. Dr. Roswell S. Wilcox, President; Dr. H. S. Flynn, Secretary-Treasurer.

## EDITORIALS

## AN EIGHTEENTH CENTURY STUDENT OF TUBERCULOSIS.

One of the curious things in medical history, indeed, one may say in all history, is the forgetfulness of men. Important discoveries are made only to be forgotten, until years, it may be centuries afterwards, they are re-made and turned to practical account in the elucidation of disease or the treatment of it. On September 1, 1719, there lived in his house in Theobald's Row, near Red

Lion Square, in Holbourn, one Benjamin Marten, M. D., who published in that year a very remarkable work, entitled, "New Theory of Consumption: more especially of a Phthisis or Consumption of the Lungs, wherein . . . . Enquiry is made concerning the Prime, Essential and hitherto accounted Inexplicable Cause of that Disease, so very Endemick to this Nation, . . . . " Of the author very little is known except that one may gather from his book that he was well acquainted with the literature of his subject and was endowed with a bold imagination,—so bold, in truth, that his speculations being far in advance

of the medical mind of his time, fell upon deaf ears. That animalcules and disease were causally related was no new idea in the Eighteenth Century, but Benjamin Marten's conception of this relationship, its variety and extent, was far in advance of anything proposed by his predecessors or contemporaries; for he in fact propounded the germ theory as we hold it to-day and applied it not to tuberculosis only, but also to syphilis, rheumatism, small-pox, leprosy, plague, measles and common colds.

So interesting are his postulates that we shall give a few brief excerpts from his book as illustrating some of his remarkable opinions.

"The Original and Essential Cause then, which some content themselves to call a vicious Disposition of the Juices, others a salt Acrimony, others a strange Ferment, others a malignant Humor (all which seem to me dark and unintelligible) may possibly be some certain Species of Animalcula or wonderfully minute living Creatures, that, by their peculiar Shape, or disagreeable Parts, are inimical to our Nature; but, however, capable of subsisting in our Juices and Vessels, and which being drove to the Lungs by the Circulation of the Blood, or else generated therefrom their proper Ova or Eggs, with which the Juices may abound, or which possibly being carried about by the Air may be immediately conveyed to the Lungs by that we draw in, and being there deposited as in a proper Nidus or Nest, and being produced into Life, coming to Perfection, or increasing in Bigness, may by their spontaneous Motion, and Injurious Parts, stimulating and perhaps wounding or gnawing the tender Vessels of the Lungs, cause all the disorders that have been mentioned, viz., a more than ordinary Afflux of Humours, upon the Part, Obstruction, Inflammation, Exulceration, and all other the Phenomena and deplorable Symptoms of this Disease."

"And it is reasonable to suppose that there are various Species of Animalcula, so of course they are of various Magnitudes, of different Shapes, and have peculiar Parts . . . so various Diseases, more or less sudden and pernicious, may be caused (by them)."

"But I would not be understood to advance that all Distempers are caused by them; I would urge only the possibility and likelihood of their being the Essential Cause of the Plague, Pestilence,

Small-pox and some other Diseases as well Chronic as Acute and particularly of that dreadful one a Phthisis which is the peculiar Subject of these Papers."

"It seems much more probable that the minute Animals or their Seed, which we have supposed to be the Essential Cause of a Phthisis or Consumption of the Lungs, are for the most part either convey'd from Parents to their Offspring Hereditarily, or communicated immediately from distemper'd Persons to sound Ones who are very conversant with them; the first way has been already mentioned when we were speaking of the Small-pox . . . the last way, which is properly called Infection, we may conceive to be more reasonable, if we consider how quickly and easily some other Distempers are communicated from one Person to another, as the Itch, Venereal Disease, etc., which are yet very far from becoming universal."

"It may be therefore very likely, that by an habitual lying in the same bed with a Consumptive Patient, constantly Eating and Drinking with him, or by very frequently conversing so near, as to draw in part of the Breath he emits from his Lungs, a Consumption may be caught by a sound Person; for it may be reasonable to suppose that if the Blood and Juices of such distemper'd People be charged with vast quantities of Animalculae as I have conjectur'd, then their profuse Sweats, and their Breath, may be likewise charged'd with them, or their Ova or Eggs, which by that means may possibly be convey'd into the Bodies of those who lie, or are most conversant with them."

Such are some of the speculations with which Benjamin Marten busied himself. How modern and familiar is their ring, and yet it was not until 1882 that Robert Koch proved the truth of Marten's opinions.

#### ALASTRIM.

In May, 1920, an acute epidemic disease started in the city of Kingston on the Island of Jamaica. It spread over the rest of the island until by March, 1921, over two thousand three hundred cases had been reported. The epidemic is still going on.

The name given to it is Alastrim and it closely resembles mild small pox. The chief interest

aroused in it is its mild character, low mortality, and relation to small pox.

The incubation period seems to be about 14 days. It is ushered in by headache, fever usually about 103 degrees F., pain in the back, pain in the extremities and vomiting. Headache, pain in the back and limbs, and fever are the most constant. The symptoms are not very severe. The fever lasts three or four days, at which time the rash appears, on the forehead, wrists and forearms. It consists of discrete, slightly elevated papules which are superficial and not shotty to the touch. Within two days they appear on the mucous membranes of the mouth, throat and respiratory tract. There is some swelling of the face three to four days after the appearance of the eruption. At this time the eruption becomes vesicular. By the eighth day it becomes pustular, at which time it is umbilicated. The palms and soles are also the seat of pustules. The lesions are often painful and usually tender. They dry up rapidly and separate from the skin, leaving pigmentation but rarely "pitting." Often there is no secondary rise in temperature during the pustular stage and patients feel quite normal. Severe cases do occur, but out of 2,333 cases only ten died.

During this epidemic it was found that previous vaccination with cow pox virus while usually modifying the disease did not prevent it as completely as it does in small pox. Many patients were vaccinated after having had the disease and 40-50% had "takes," nearly all of which were very mild. MacCallum and Moody claimed to have observed Guarnieri bodies in material from Alastrim pocks, but were unable to successfully inoculate them into the skin or cornea of a rabbit. These bodies, first described by Prowazek, are found in large numbers about the lesions of vaccinia and small pox. By him they were considered the cause of the disease but this is not generally accepted. They seem to be valuable in diagnosis. The cornea of rabbits is injected with pus from the lesions and if the disease is small pox Guarnieri bodies with a lense are visible in the cornea.

The term Alastrim originated in Brazil, where this disease has existed for ten years or more. A similar disease has been reported as occurring in Cuba, Australia, Canada and elsewhere.

It would seem that this disease is very similar

to the mild small pox present in the United States for 15-18 years. Its clinical manifestation resembles it very closely and the mortality is about the same.

Whether the two diseases are identical or not it is a reasonable presumption that they are and that both are mild types of small pox. Certainly, even though it is very mild, no let up in the policy of general vaccination should be countenanced, because we do not know how soon severe small pox may replace this mild strain. Indeed, during the last few years small outbreaks of small pox have appeared in several cities of the United States and for several months Kansas City has suffered a serious epidemic in which the mortality is about 30%.

#### SOME ANCIENT MEDICINE AND MODERN PROMISE.

"Many men of many minds, write many books of many kinds." So goes the old "saw" and a great number of books written upon the same topic with sound and same basic principles adopted by various writers are so replete with half parallel and tangent deviations that one is bewildered or affected with mental stasis in even plodding through some of the reviews, and medical literature is no stranger to this condition of affairs.

Just now we are bombarded with monographs and seemingly every other form of literature on endocrinology; in the contemplation of which it is reasonably possible that we are on the threshold of discoveries that will make the re-writing of much of the now accepted medical literature a necessity.

And there is nothing wonderful in this, probably since the world began accepted standards have been tried, only in time to be proven inadequate and cast aside. The greatest authorities of bygone days have often been proven in error. When we realize that the antiquity of the practice of the treatment of disease or (as we speak of it) the practice of medicine, with its discoveries and fallacies, antedates all history, this will be better understood.

At the time that the noted disciple of Socrates and teacher of Aristotle, the aristocratic soldier-poet, Plato, was teaching in Athens, four hundred years before the birth of Christ, medicine as

a profession, was a very ancient science. The Ancient Hymns of the Vedas give glimpses of a civilization that was old centuries before Babylon and Nineveh arose in the Euphrates valley, and while Greece was still a tramping ground of a barbaric gibbering rabble, the Hindoos were not only living in villages and towns, had carpenters, coppersmiths and many other artisans, were taking accurate observations of the heavens, constructing tables by which the longitude of the sun and moon was determined, but possessed an extensive knowledge of chemistry, were said to be skilled in surgery and were beyond question the first to employ minerals internally as curative agents.

However, within the range of reachable authentic history, Hippocrates shines forth as the first great light in early medical science. History has shown him a great thinker and a great physician, but even he came to the conclusion that "There is nothing left to be discovered in medicine"—twenty-six hundred years ago.

Not to discuss Galen and not ignore him, we mention him in passing, for it is evident that he would have been a great philosopher if he had not already become great as a physician. Ambrose Paré, the noted French surgeon whose fascinating and scholarly style of writing illuminates his discourse, offered rules of treatment and remedies not altogether compatible with scientific procedure today; as illustration, he suggests: "Therefore, physicians desirous of purging a sucking childe, purges the nurse; whence the milke becumming purging, becomes both meat and medicine for the sucking childe."

As a cure for "Madde dog" bite, he suggests that: "Brimstone powdered and tempered with one's spittle is good to apply."

If one is bitten by a snake, "Put him in a warm bed, procuring sweat and making him lie awake, lest sleep should draw the poysen inwards to the entrailles."

He likewise warns "Not to allow a wet-nurse with a squint to nurse a childe, lest the childe contract this affliction." He also frequently referred to the excreta of animals as curative agents. However, his masterly treatment of gunshot wounds and his improvement on sutures added much to the reputation of an already famous surgeon. But when Jenner, in 1796, vaccinated the boy of

eight from a dairy maid infected with cow-pox, he unconsciously opened the door of revolution in the practice of medicine and unwittingly became the great pioneer in medical discovery; introduced the principle of antitoxin as a preventive measure and indicated to posterity the value of this great principle which future generations have developed and will continue to develop with what brilliancy years that are to come will prove.

The work of Koch, Pasteur and many others is but a parallel elaboration of this principle directed in divers paths. And this principle, enlarged, diversified and exalted, will stand as a monument to medical achievement in the annals of all time.

No longer are we to fight weaponless the blight of disease with vitality only as an ally, but meet it upon its own ground and that with confidence; and all the result of an accidental observation more than four hundred years ago. The last fifty years of medical progress, however, gathering momentum, one may say, hourly, is rapidly placing medicine and surgery upon the solid foundation of proven fact, and this dual constellation of science shines brightest of all in the firmament of humanitarianism.

## SOCIETY MEETINGS

### PROVIDENCE MEDICAL ASSOCIATION.

The regular monthly meeting of the Providence Medical Association was called to order by President Frank T. Fulton at 8:45 P. M. on November 7, 1921, at the Medical Library.

The records of the last meeting were read and approved.

Applications for membership of the following men having been approved by the Standing Committee, the Secretary was empowered to cast one ballot for their election: Dr. Harold C. Miner, Dr. Frank Smith Hale.

The paper of the evening was read by Dr. Henry A. Christian of Boston, Massachusetts, on the Relationship Between Hypertension, Myocarditis and Nephritis. Dr. Christian differentiated between arterio-sclerosis and high blood pressure. He showed that hypertension, nephritis and myocarditis were often associated but not necessarily interdependent, and pointed out a close relationship between these conditions in that vascular lesions apparently were responsible; these lesions

consisting in a narrowing of the arterioles. Antecedent infections seem to lead to these troubles, although strangely, syphilis did not appear to be a cause. There is a little evidence that endocrine disturbances play much part. He felt that we should emphasize the resemblance rather than the difference in these conditions. Dr. George S. Mathews discussed the paper. Dr. Christian, in reply to a question, stated that the results of salt restriction were not satisfactory and that there was danger of injuring the appetite of the patient.

Dr. White moved adjournment at 10:05 P. M.

Attendance: One hundred and one members and one guest.

Collation was served.

Respectfully submitted,  
PETER PINEO CHASE, M. D., *Secretary.*

Dr. William R. White: "I have a message to communicate to you which I should have communicated in September. A good many of us know that in August the Harvard Alumni of New England was invited to spend a week-end at the St. George's School at Newport. About 200 of us availed ourselves of that great privilege. We arrived Friday and were advised that Doctor Storer, oldest member of the association in the State, would be glad to see any of the alumni. The next morning we were told that 31 of the alumni went around and called on Doctor Storer. I, myself, reserved the privilege for Sunday and spent a half hour with Doctor Storer. He will be 92 in February. He is helpless; confined to his chair and table; unable to leave his chair without the assistance of a trained nurse but mentally just as clear as ever and it certainly was a very impressive half hour when he indulged me with reminiscences and spoke about scientific advancement.

Dr. Storer said, "Give my regards and best wishes to the R. I. Medical Society when you meet with them." He said he had always had a great regard for this Society. It is a privilege to communicate this message to you.

The regular monthly meeting of the Providence Medical Association was called to order by President Frank T. Fulton December 5, 1921, at 8:55 P. M., at the Medical Library.

The records of the last meeting were read and approved.

In accordance with Article I, Section 6, of the

By-Laws, the Standing Committee presented the following nominations for officers and committees for the year 1922:

For President—N. Darrell Harvey, M. D. For Vice-President—William B. Cutts, M. D. For Secretary—Peter Pineo Chase, M. D. For Treasurer—Charles F. Deacon, M. D.

For Member of the Standing Committee for Five Years—Frank T. Fulton, M. D. For Trustee of Rhode Island Medical Library Building for One Year—Herbert G. Partridge, M. D. For Reading Room Committee—G. S. Mathews, M. D., M. B. Milan, M. D., H. A. Cooke, M. D.

For Delegates to the House of Delegates of Rhode Island Medical Society—F. N. Brown, M. D., J. B. McKenna, M. D., F. G. Phillips, M. D., G. T. Spicer, M. D., C. A. McDonald, M. D., J. P. Cooney, M. D., G. A. Matteson, M. D., J. E. Donley, M. D., Herbert E. Harris, M. D., Bertram H. Buxton, M. D., Peter P. Chase, M. D., Ira H. Noyes, M. D., Prescott T. Hill, M. D., William P. Buffum, Jr., M. D., George R. Barden, M. D., J. B. Ferguson, M. D.

Dr. C. H. Leonard read a memorial to Dr. W. J. Burge and Dr. W. R. White followed with a eulogy, and the Secretary was instructed to file a copy in the archives and send copies to Dr. Burge's family.

It was moved and seconded that the yearly dues be made \$5.00 and after discussion a motion was carried that the matter be referred to the Standing Committee for a report at the next meeting.

Dr. Douglas Quick of New York City read a paper on "Response of Various Types of Cancer to Radium." He did not make a special plea but felt that our best hopes were in a triple alliance of radium, X-ray and surgery, deprecating using it as a last resort when other methods failed. After this he discussed its action in the various types of tumors and spoke briefly of the different methods of application. Following this he showed illustrative lantern slides.

Dr. Greenough, in his discussion, mentioned Dr. Deaver's recent medical remarks on the slight value of radium treatment which he interpreted as a "bomb-shell" to stop the spread of an exaggerated belief in its efficacy. He characterized radium as the greatest help to the surgery of cancer since anesthesia and asepsis, but insisted that it was an

aid, not a competitor. Dr. Pitts spoke of some research in this line at the Rhode Island Hospital. Dr. Gerber read a paper on "Some Aspects of the New Intensive X-ray Treatment."

The meeting adjourned at 11:00 P. M. Attendance: One hundred members and seven guests. Collation was served.

Respectfully submitted,  
PETER PINEO CHASE, M. D., *Secretary.*

#### WOONSOCKET DISTRICT SOCIETY.

The Woonsocket District Medical Society held a well attended meeting at St. James Hotel, Woonsocket, on December 15, 1921. Routine business was transacted. It was voted that it was the sense of the meeting that the meetings of the R. I. Medical Society should be held in the forenoon instead of the afternoon.

A very interesting paper, entitled, "Reminiscences," was read by Dr. John J. Baxter, Woonsocket, after which a buffet lunch was served.

A. H. MONTY, M. D., *Secretary.*

#### WASHINGTON COUNTY MEDICAL SOCIETY.

The annual meeting of the Washington County Medical Society was held January 12, 1922, and the following officers were elected for the ensuing year: President—A. S. Briggs, M. D., Ashaway; 1st Vice-President—J. E. Ruisi, M. D., Westerly; 2nd Vice-President—F. E. Burke, M. D., Wakefield; Secretary and Treasurer—W. A. Hillard, M. D., Westerly; Auditor—S. C. Webster, M. D., Westerly; Censor for 3 years—John Champlin, M. D., Westerly; Delegate to R. I. Medical Society for 2 years—P. J. Manning, M. D., Wickford; Councilor to R. I. Medical Society for 2 years—F. I. Payne, M. D., Westerly.

Respectfully,  
W. A. HILLARD, M. D., *Secretary.*

#### SECTION IN MEDICINE.

The annual meeting of the Section in Medicine was held at the Medical Library Tuesday, December 27th, 1921, at 8:30 P. M., Dr. Charles A. McDonald presiding. The following officers were elected for 1922: Charles A. McDonald, M. D., Chairman, 106 Waterman Street, Providence, R. I.; Creighton W. Skelton, M. D., Secretary-Treasurer, 266 Broad Street, Providence R. I. The paper of the evening was read by Dr. Chester Jones of Harvard Medical School on "The Duodenal Tube, Its Use and Abuse." The paper was discussed by Drs. Lenzner, Berry, Wing, Bur-

gess and DeWolf. Next meeting will be Tuesday, January 24th, at Medical Library, 8:30 P. M.

DR. CREIGHTON W. SKELTON, *Sec.-Treas.*

## HOSPITALS

#### CITY HOSPITAL.

Dr. Dennett L. Richardson was re-elected Superintendent of the City Hospital Wednesday, January 4, at the annual meeting of the Board of Hospital Commissioners.

Dr. Harmon P. B. Jordan was elected First Assistant Superintendent, and Dr. William Holt, Second Assistant Superintendent. Miss Sarah C. Barry was again chosen Superintendent of Nurses.

The following were elected members of the consulting staff of the institution: Drs. Joseph M. Bennett, Frank T. Fulton, Halsey DeWolf, Edmund D. Chesebro, Frank L. Day, George S. Mathews, Edgar B. Smith, John W. Keefe, Gardner T. Swarts, John T. Farrell, N. Darrell Harvey, Frederick T. Rogers, George W. Van Benschoten, George L. Shattuck, John E. Donley, Harvey B. Sanborn, Murray S. Danforth, Roland Hammond and Albert H. Miller.

The visiting staff for the coming year was selected as follows: Drs. Jay Perkins, Pearl Williams, Alex. M. Burgess, M. J. Nestor, Prescott T. Hill, Henry J. Gallagher, Elliott Washburn, Carl D. Sawyer, Nat H. Gifford, Bertram H. Buxton, Frederic J. Farnell, James W. Leech, Hilary J. Connor, Roy Blosser, Louis J. Cella, Raymond G. Bugbee, Eric P. Stone, Parker Mills, J. Edwards Kerney, James A. McCann, John G. Walsh, Anthony Corvese, Ira Noyes, William C. Muncy, Henry E. Utter, William P. Buffum, John T. Monahan, Robert M. Lord, George T. Spicer, Edward A. McLaughlin, Maurice Adelman, Alex. M. Burgess, Paul C. Cook, Charles F. Gormly, Elihu S. Wing, Frank Berry, F. Nelton Bigelow, John J. Gilbert, William C. McLaughlin, Frank M. Adams, Frank J. McCabe.

Department of Dentistry—Drs. Walter C. Robertson; Bacteriologist—Prof. Frederic P. Gorham.

#### NEWS ITEMS.

The annual meeting of the Board of Hospital Commissioners was held at the hospital on Wednesday, January 4, 1922.

The annual meeting of the Staff Association was held on Wednesday, January 18, 1922.

The hospital is about to install a new refrigerating plant which fills a long-felt need.

#### ST. JOSEPH'S HOSPITAL.

The St. Joseph's Hospital Staff Association held its regular meeting Friday, January 13th, 1922, at the Out-Patient Building, Peace Street, at 9:00 P. M.

G. F. JOHNSON, *Secretary.*

## [Continued from Page 199]

geon of Slocum Post continuously from 1911. He attended not only the annual encampments of the Department in Rhode Island but also attended all the recent National Encampments of the order, the last being that at Indianapolis in 1920; then though eighty-nine he went on alone to Minneapolis to visit his daughter. He was also a member of the Sons of the American Revolution, and one of the few, of late years, who could remember talking with a grandfather who fought in the Revolution. In politics he was always a Republican, and he cast his first vote for John C. Fremont at the presidential election in 1856.

Dr. Burge was twice married. His first wife was Frances Burling Vose of Westerly, step-daughter of Rev. Thomas Vail, who afterwards became Bishop of Kansas. They were married September 7, 1854, and she died in 1876. Four children were born: Edward and Frances, who died in infancy; Mary Chandler, wife of the late John T. Jeter of Dallas, Pennsylvania, and Bessie Vail, wife of Rev. George Buzzelle of St. Andrew's Episcopal Church, Minneapolis.

On October 16, 1883, he married Mary (Doolittle) Arnold, daughter of the late United States Senator James E. Doolittle of Wisconsin. She died in 1913. They had two daughters: Dorothy Brenton, wife of Charles R. Stark, Jr., of Brookline, Massachusetts, and Sara, wife of Karl Rittman, with whom Dr. Burge made his home at 180 Albert Avenue, Edgewood, since 1916.

Dr. Burge was devoted to his family and his home, and he was proud of his children's children and his great-grandchildren. Would that he could have gathered his entire family about him for a group picture! It would have included not only those already mentioned but thirty now living of the seventeen grandchildren and fifteen of the great-grandchildren that had been born before he died.

He was a good physician, bringing cheer and help to his patients, and inspiring them with courage. He was also of an inventive bent, and many practical appliances may be credited to his ingenuity—among them a sure-cut scissors, a wire (removable) basket to fit the inside of a wash-boiler, a folding trellis for plants of vines, and an appliance such as is now used for clearing mist from the front of an auto wind-shield, though his idea was that it should be used on the street cars. But most important was an emery wheel to be used by manufacturing jewelers, who previously had been using wheels made of emery paper or other fabric fastened to wooden disks. He neglected making application for a patent, as he was then about to join the navy, and when he returned from the war another person had obtained a patent for it.

Our Dr. Burge also had a poetic gift. His

verses dedicated to the memory of Dr. J. W. C. Ely, who died soon after the long to be remembered dinner given in 1906 in commemoration of his having completed sixty years of practice, were well conceived and well completed. Less familiar is the briefer tribute to the memory of Dr. Capron, who died in 1882 at the age of eighty-two.

## "DR. GEORGE CAPRON."

"Dead; didst thou say? Such men can never die!  
His work has wearied him, so let him lie,  
And take the sweet God-given rest  
Prepared for those whose deeds are blest.  
Long has he toiled, and earnestly as long,  
To heal the sick and make the feeble strong.  
His task is nobly done; so let him sleep  
Till he awakens, his reward to reap."

The lines may well be inscribed to the memory of Dr. William J. Burge. He toiled long and well, and "laid him down to sleep."

Thus in review have been placed the milestones, as it were, in the life-history of Dr. Burge, but by those of us who knew him how much must be read between those biographic lines, of the fullness of the four score years and ten of his eventful life, for it was surely an active, useful life, a life of service to his kindred, his neighbor, his church, his country. And, best of all, his life of service continued to the end.

How gladly we remember his constant attendance on our meetings and how he came among us, our oldest member, our "grand old man," as we often called him, and still as young as the youngest in his alert, genial, friendly manner, his interest, his pleasure in the lunch, the smoke, the chat, his readiness with story and reminiscence.

And at the meeting's close do we not still see him rise quickly, stand erect and with all courtesy and evident enjoyment move adjournment?

Let us cherish the memory and example of such a man whose long life was as an open book, who loved and served his fellow-men, whose faith in God and a future life was impregnable.

Some of us knew Dr. Burge in his home life in recent years, and saw a beautiful example of the love and trust sometimes existing between the very old and the very young, and we are glad that his last years were happy ones, that he was tenderly cared for by his own, that he was bright and active to the end and knew no period of illness and pain, but rather fell asleep, like as a child, to awake to the morning of another life.

With respect and affection let us, his brothers, rejoice that in the words of the service he loved so well, it was vouchsafed unto him "in health and prosperity long to live" and that the unheralded transition found him prepared.

By request of the President, submitted jointly by

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